-PART B - FEE(S) TRANSMITTAL

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UNILEVER PA 800 SYLVAN A AG West S. Win ENGLEWOOD 6 APPLICATION NO. 10/747,990	ATENT GROUP VENUE g CLIFFS, NJ 07632-			Contificate	of Malling or Tunner	mineion			
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APPLICATION NO.		3100			<u> </u>				
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	FILINGDATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.			
TITLE OF INVENTION:	12/30/2003		Stephen Anthony Gaeta		F6184(V)	6594			
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1440	\$300	\$0	\$1740	12/23/2008			
EXAMINER		ART UNIT	CLASS-SUBCLASS						
ELKINS, GARY E		3782	229-109000						
	ondence address (or Cha 1/122) attached. (cation (or "Fee Address 2 or more recent) attach	nge of Correspondence	2. For pristing on the patent front page, list (1) the names of a plu 3 registered patent attorneys or agents OR, alternatively (2) the name of a single firm (thiving as a member a registered attorney or agent) and the names of up to 2 required attorney or agent) and gents. If no name it is inseed, no name will be printed.						
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	ne)		bas base filed fo			
PLEASE NOTE: Uni recordation as set forti	ess an assignee is ident n in 37 CFR 3.11. Com	ified below, no assignee oletion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assignee is it assignment.	ientified below, the d	ocument has been filed for			
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llever Bestfoods, North Americ		rica,	Englewood	Cliffs, NJ					
vision of Cono Please check the appropri	pco, Inc. iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🕏 Corporati	on or other private gre	oup entity Government			
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ples	ase first reapply any prev	iously paid issue fee	shown above)			
Setssue Fee			A check is enclosed.						
Publication Fee (No small entity discount permitted)			☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12 - 1155 (enclose an extra copy of this form).						
Advance Order - #	f of Copies		overpayment, to Depo	sit Account Number 12	equired tee(s), any de	n extra copy of this form).			
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Authorized Signature	guon	<u> </u>		Date Decer	ber 23, 200	8			
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